COPY SIBLIANCE

|   |  |  |                                     |                          |                           |                                  |     | Application or Docket Number                     |                        |  |       |                        |                        |
|---|--|--|-------------------------------------|--------------------------|---------------------------|----------------------------------|-----|--|------------------------|--|-------|------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  0988574 |  |  |                                     |                          |                           |                                  |     |  |                        |  |       |                        | 45                     |
| Claims as filed - Part I  |  |  |                                     |                          |                           |                                  |     |  | LEI                    | ALILA  | .=    | OTHER                  |                        |
| (Column 1) (Column 2) TOTAL CLAIMS  |  |  |                                     |                          |                           |                                  |     | Type   |                        |  | OR    | SWALL                  | ENTITY                 |
| ļ   |  |  | 21                                  |                          |                           |                                  |     | RAT  | E                      | FEE  |       | RATE                   | FEE                    |
| FC  | R  |  | NUMBER FILED                        |                          | NUMBER EXTRA              |                                  | .   | BASIC FEE 355                                    |                        | 355.00                                       | OR    | BASIC FEE              | 710.00                 |
| l <del></del>   | TAL CHARGEA  |  | ア/ minus 20=                        |                          | * · /                     |                                  |     | X\$ 9=   |                        |  | OR    | X\$18=                 | 18                     |
|   | EPENDENT CL  | <del></del>                              | 3 minus 3 =                         |                          |                           |                                  |     | X40=   |                        |  | OR    | X80=                   |                        |
| ML  | ILTIPLE DEPEN  | IDENT CLAIM P                            | RESENT                              |                          |                           |                                  |     | +135=  |                        |  | OR    | +270=                  |                        |
| * If  | the difference   | in column 1 is                           | less than zero, enter "0" in colu   |                          |                           | olumn 2                          | Į   | TOT  | AL                     | <u>                                     </u> | OR    | TOTAL                  | 728                    |
| Claims as amended - part II   |  |  |                                     |                          |                           |                                  |     |  |                        |  | න<br> | OTHER                  |                        |
|   | 1  | (Column 1)                               | ]                                   | (Colu                    |                           | (Column 3)                       | 1 1 | SMA  |                        | ENTITY                                       | OR    | SMALL                  |                        |
| ENT A   |  | REMAINING<br>AFTER<br>AMENDMENT          |                                     | NUMB<br>PREVIO<br>PAID F |                           | PRESENT<br>EXTRA                 | RAT | Ε  | ADDI-<br>TIONAL<br>FEE |  | RATE  | ADDI-<br>TIONAL<br>FEE |                        |
| AMENOWENT   | Total  | -21                                      | Minus                               | ** 🞝                     | 1                         | =                                |     | X\$ 9  | <b>}=</b>              |  | OR    | X\$18=                 |                        |
| AME   | Independent  | · 3                                      | Minus                               | *** 5                    | 3                         | = -                              |     | X40=   |                        |  | OR    | X80=                   |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM :   |  |                                     |                          |                           |                                  |     | +135   |                        |  | 1     | +270=                  |                        |
|   |  |  |                                     |                          |                           |                                  |     |  | TAL                    |  | OR    | TOTAL                  |                        |
|   | · · · ·  | (Column 1)                               | (0-1 0)                             |                          |                           | (O = l = = = = O)                |     | ADDIT. I   |                        |  | OR    | ADDIT. FEE             | (A)                    |
|   | The second secon |  | (Colu                               |                          | (Column 3)                | ) r                              |     | <del>.                                    </del> | ADDI                   | ī [  |       | ADDI                   |                        |
| NOMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT          |                                     | PREVIO                   | OUSLY                     | PRESENT<br>EXTRA                 |     | RAT  | E                      | ADDI-<br>TIONAL<br>FEE                       |       | RATE                   | ADDI-<br>TIONAL<br>FEE |
|   | Total  | <b>*</b>                                 | Minus                               | **                       |                           | =                                |     | X\$ 9  | =                      |  | OR    | X\$18=                 |                        |
| AMEND   | Independent  | ÷  | Minus                               | ***                      |                           | =                                |     | X40:   |                        |  |       | X80=                   |                        |
|   | FIRST PRESE  | NTATION OF MU                            | JLŢIPLE DEF                         |                          | CLAIM                     |                                  | ] } |  | $\dashv$               |  | OR    |                        | -                      |
| 4   |  |  |                                     |                          |                           |                                  |     |  | i=<br>                 |  | OR    | +270=                  |                        |
|   |  |  |                                     |                          |                           |                                  |     |  | TAL                    |  | OR    | TOTAL<br>ADDIT. FEE    | <u></u>                |
| (Column 1) (Column 2) (Column 3)  |  |  |                                     |                          |                           |                                  |     |  |                        |  |       |                        |                        |
| AWENDWENT C   |  | CLAIMS<br>REMAINING<br>AFTER             |                                     | HIGH<br>NUM<br>PREVIO    | BER<br>DUSLY              | PRESENT<br>EXTRA                 |     | RATI   | E                      | ADDI-<br>TIONAL                              |       | RATE                   | ADDI-<br>TIONAL        |
| ORAIE   | Total  | *  | Minus                               | PAID                     | FOR                       | =                                |     |  |                        | FEE  |       |                        | FEE                    |
| ENG   | Independent  | <b>*</b>                                 | Minus                               | ***                      |                           | =                                |     | X\$ 9  | =                      |  | OR    | X\$18=                 |                        |
| AR  |  |  | JLTIPLE DEPENDENT                   |                          |                           |                                  |     | X40=   | =                      |  | OR    | X80=                   |                        |
| لــــا  |  |  |                                     |                          | ,                         |                                  |     | +135   | =                      |  | OR    | +270=                  |                        |
| **  | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>  |  |                                     |                          |                           |                                  |     |  | AL<br>EE               |  | OR    | TOTAL<br>ADDIT. FEE    |                        |
| ***   | f the "Highest Nur<br>The "Highest Num   | mber Previously Pa<br>ber Previously Pai | aid For" IN THI<br>d For" (Total or | S SPACE i<br>Independe   | s less tha<br>ent) is the | n 3, enter "3."<br>highest numbe |     |  |                        | ropriate box                                 |       |                        |                        |